

174th Alumni Association Inc.
6000 East Molloy Road
Syracuse, NY 13211-7099

ALUMNI ASSN APPLICATION

Name: _____, _____, _____
Last First MI

Address:
Street _____ City _____ State _____ Zip Code _____

DOB: _____

Type of Membership

- () Regular
() Associate
() Spousal

Phone: (____) ____ - ____ (Home)

E-Mail Address: _____

Names: (If Applicable)

Spouse: _____, Deceased: () Yes () No

Children: _____, _____
_____, _____

174th Service:

Unit: _____

Assigned Section: _____

Specialty: _____

Position Held: _____

Highest Rank Held: _____

Prior Service:

Specialty

Dates

USAF:	_____	_____
Army:	_____	_____
Navy:	_____	_____
Marines:	_____	_____
Coast Guard:	_____	_____
ARNG:	_____	_____
ANG:	_____	_____

Dues & Fee Schedule:

Initiation Fee:\$5.00 (New Members Only) PLUS Below

Regular Membership: \$5.00 for One (1) Year, **Associate Membership:** \$5.00 Dues for One Year,
or \$20.00 for Five(5) years or \$20.00 Dues for Five (5) Years

Spousal Membership - FREE

Note: Initiation fee is a one-time requirement that must be paid along with the membership fee at the time you submit this application. Please make your check payable to: "174th Alumni Association inc.", and send it along with your application to: "174th Alumni Association Inc., 6001 E. Molloy Rd., Mattydale, NY 13211-7099."

FOR OFFICE USE ONLY

Date Rec'd _____	Ledger _____
Amt Paid _____	MP pkg. _____
Mbr Pkg sent _____	
Chaplain _____	